## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

PUSA031141(15749/080)

| (Column 1) (Column 2)  |  |   |                       |                                   |                       |                  |         | SMALL ENTITY TYPE  |                        |                | OTHER THAN OR SMALL ENTITY |                        |  |
|--|--|---|-----------------------|-----------------------------------|-----------------------|------------------|---------|--------------------|------------------------|----------------|----------------------------|------------------------|--|
| Τſ   | OTAL CLAIMS                                    |   | COIL                  | mn 2)                             | ]                     |                  |         | OR<br>T            |                        |                |                            |                        |  |
| TOTAL CLAIMS   |  |   | 3                     |                                   | ļ                     |                  |         | RATE               | FEE                    |                | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED          |                                   | NUME                  | ER EXTRA         |         | BASIC FEE          | 385.00                 | OR             | BASIC FEE                  | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 3 minus 20≈           |                                   | * 10                  |                  |         | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
| INDEPENDENT CLAIMS   |  |   | / mi                  | nus 3 =                           | · 6                   |                  |         | X43=               |                        | OR             | X86=                       |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                       |                                   |                       |                  |         | +145=              |                        | OR             | +290=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                       |                                   |                       |                  |         | TOTAL              |                        | OR             | TOTAL                      | 770                    |  |
| CLAIMS AS AMENDED - PART II  |  |   |                       |                                   |                       |                  |         |                    |                        |                | OTHER                      | THAN                   |  |
|  |  | (Column 1)                                | (Column 2) (Column 3) |                                   |                       | SMALL ENTITY     |         |                    | OR                     | R SMALL ENTITY |                            |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGH<br>NUME<br>PREVIC<br>PAID I  | BER<br>DUSLY          | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                 | **                                |                       | =                |         | X\$ 9=             | i                      | OR             | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                 | ***                               |                       | =                |         | X43=               |                        | OR             | X86=                       |                        |  |
| <u> </u>   | FIRST PRESE                                    | NTATION OF MU                             | JUIPLE DEF            | PENDENI                           | CLAIM                 |                  | 1       | +145=              |                        | OR             | +290=                      |                        |  |
| TOTAL ADDIT FEE  |  |   |                       |                                   |                       |                  |         |                    |                        |                | TOTAL<br>ADDIT, FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                       |                                   |                       |                  |         |                    |                        |                |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST :<br>BER<br>OUSLY | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                 | **                                |                       | =                |         | X\$ 9=             | 1 444                  | OR             | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                 | ***                               | · ·                   | =                | ]       | X43=               |                        | OR             | X86=                       |                        |  |
| ٧  | FIRST PRESE                                    | ILTIPLE DEP                               | ENDENT                | CLAIM                             |                       | ]                |         |                    | Un                     |                |                            |                        |  |
| _+   |  |   |                       |                                   |                       |                  |         | +145=              |                        | OR             | +290=                      |                        |  |
| A  |  |   |                       |                                   |                       |                  |         | TOTAL<br>DDIT. FEE |                        | OR             | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | (Column 1)                                |                       | (Colum                            |                       | (Column 3)       |         | ٠                  | •                      |                |                            |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                     | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY           | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                 | **                                |                       | = 1              |         | X\$ 9=             |                        | OR             | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                 | ***                               |                       | =                | 丨       | X43=               |                        | OR             | X86=                       |                        |  |
| 4  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                       |                                   |                       |                  |         |                    |                        | Un             |                            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                       |                                   |                       |                  |         |                    |                        | OR             | +290=                      |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |                       |                                   |                       |                  |         |                    |                        | OR ,           | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | ber Previously Paid                       |                       |                                   |                       |                  | er four | nd in the app      | ropriate box           | in col         | umn 1.                     |                        |  |